



# CHENNAI DISTRICT CHESS ASSOCIATION

(AFFILIATED TO TAMIL NADU STATE CHESS ASSOCIATION)

No. 20, Sundara Murthy Vinayagar Koil Street,

Triplicane, Chennai – 600 005.

Mobile: 94442 01094.

PHOTO

## REGISTRATION FORM

TO  
THE SECRETARY,  
Chennai District Chess Association  
Chennai.

REGISTRATION NO.	
RECEIPT NO.	

Sir,  
I request you to kindly make me a Registered Player of your CDCA for the year 201 ..... I am enclosing herewith Rs .....by Cash / Cheque no. .... Drawn on ..... Bank ..... Branch.

My Particulars are:

M / F

1. Name of the Applicant Mr. / Ms. : \_\_\_\_\_

2. Son / Daughter of : \_\_\_\_\_

3. Address : \_\_\_\_\_  
\_\_\_\_\_

Pin code \_\_\_\_\_

4. Date of Birth : \_\_\_\_\_ (Certificate Enclosed Yes / No.)

Blood Group: \_\_\_\_\_

5. Telephone with STD Code : \_\_\_\_\_ Cell No: \_\_\_\_\_

Email ID: \_\_\_\_\_

6. Class / Standard : \_\_\_\_\_

7. School / College / Office : \_\_\_\_\_

I hereby undertake to abide by all the Rules and Regulations of CDCA framed from time to time. I declare that I am not a Member of any other District Chess Association and I shall not take part in any tournament unauthorized by the Chennai District Chess Association/Tamil Nadu Chess Association.

Place:

Date:

Name & Signature of Player / Parent